
STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

CORPORATION ANNUAL REPORT
1978

This report must be accompanied by a $10 fee (Form COR 4001/12-77)

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES

1. Name and Address of Corporation
   Principal Office:
   017109 CORPORATION COMPANY
   (THE)
   C/ 101 CORPOAT10N SYSTEM
   100 WEST 10TH STREET
   WILMINGTON, DEL 19899

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.
   Street Address:
   P.O. Box No.: 
   City:
   State:
   Zip Code:

3. Date Incorporated or Qualified To Do Business in Florida
   06/14/1925

4. Federal Employer Identification Number (FEIN)
   51-0099484

5. Date of Last Report
   1977

6. Names and Street Addresses of Each Officer and Director

<table>
<thead>
<tr>
<th>Names of Officers and Directors</th>
<th>Title</th>
<th>Director (s)</th>
<th>Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)</th>
<th>City and State</th>
</tr>
</thead>
<tbody>
<tr>
<td>THORNE, TAYLOR</td>
<td>PRES.</td>
<td>X</td>
<td>100 W. 10TH ST.</td>
<td>WILMINGTON, DE</td>
</tr>
<tr>
<td>DEBORAH, CLINT</td>
<td>V.P.</td>
<td>X</td>
<td>100 W. 10TH ST.</td>
<td>WILMINGTON, DE</td>
</tr>
<tr>
<td>NEPSEY, ALFRED</td>
<td>SECY.</td>
<td>X</td>
<td>100 W. 10TH ST.</td>
<td>WILMINGTON, DE</td>
</tr>
<tr>
<td>HOPKINS, THOMAS</td>
<td>TREAS.</td>
<td></td>
<td>100 W. 10TH ST.</td>
<td>WILMINGTON, DE</td>
</tr>
<tr>
<td>ARTHURSON, MARIE</td>
<td></td>
<td></td>
<td>100 W. 10TH ST.</td>
<td>WILMINGTON, DE</td>
</tr>
</tbody>
</table>

7. Registered Agent Information
   Name:
   Corporation Name:
   Street Address (Do NOT Use P.O. Box Number):
   100 BISLEY AVENUE
   City, State and Zip Code:
   TAMPA, FL 33612

8. An officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.

   No Other Titles Will Be Accepted, Your Report Will Be Returned If It Does Not Bear An Authorized Signature.

   I certify that I am an Officer of the Corporation, the receiver or trustee empowered to execute this report as required by Chapter 607, F.S. I further certify that I understand my signature on this report shall have the same legal effect as if made under oath.

   Typed Name of Signing Officer: T.R. HOPKINS
   Title: TREASURER
   Telephone Number: 
   Signature: [Signature]
   Date: June 29, 1978